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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number: 10/534,352
Filing Date: 11/30/2005
First Named Inventor: Hossain Arvin
Art Unit: 3677
Examiner Name: BENEFITS, MARCUS
Attorney Docket Number: KA-10355

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ **Applicant/Inventor.**

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/USB/06)

SIGNATURE of Applicant or Assignee of Record

Signature: Hossain Arvin
Name: Hossain Arvin
Date: Sep 01-06
Telephone: 604-688 6267

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.53. The information is required to obtain or retain a benefit by the patent which is to be (and for the USPTO to process) an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1400, Alexandria, VA 22313-1400. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Correspondence for Patents, P.O. Box 1400, Alexandria, VA 22313-1400.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number: US6016732346
Filing Date: 03/21/2005
First Named Inventor: Hossain Arvin
Art Unit: []
Examiner Name: []
Attorney Docket Number: XP-10328

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☒ **Applicant/Inventor.**

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/USB/06)

SIGNATURE of Applicant or Assignee of Record

Signature: Hossain Arvin
Name: Hossain Arvin
Date: Sep 01-06
Telephone: 604-688 6267

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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